



ICD-10-CM Coding Training

Part 2

For Children's Developmental Services Agencies

Chapter 16 – Certain conditions originating in the perinatal period
(P00-P96)

Chapter 17 – Congenital malformations, deformations and chromosomal
abnormalities (Q00-Q99)





Part 2

Training Objectives

- Develop a general understanding of the content of Chapters 16 and 17
- Understand any coding guidelines specific to Chapters 16 and 17 that are relevant for CDSA stakeholders
- Demonstrate how to accurately assign ICD-10-CM codes to diagnoses within Chapters 16 and 17

NOTE: In order to complete this training, access to ICD-10-CM code books, computer assisted coding software or downloads of the 2014 version of ICD-10-CM from the CDC is needed



Chapter 16

Certain conditions originating in the perinatal period Instructional Notes

- **Code Range: P00~P96**

Note: Codes from this chapter are for use on newborn records only

- Never on maternal records

Includes: conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later

- If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client's age

Excludes2: congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

endocrine, nutritional and metabolic diseases (E00-E88)

injury, poisoning and certain other consequences of external causes (S00-T88)

neoplasms (C00-D49)

tetanus neonatorum (A33)



Chapter 16

Certain conditions originating in the perinatal period Content

Chapter 16 contains the following block – 1st character is P

P00-P04	Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery	P50-P61	Hemorrhagic and hematological disorders of newborn
P05-P08	Disorders of newborn related to length of gestation and fetal growth	P70-P74	Transitory endocrine and metabolic disorders specific to newborn
P09	Abnormal findings on neonatal screening	P76-P78	Digestive system disorders of newborn
P10-P15	Birth trauma	P80-P83	Conditions involving the integument and temperature regulation of newborn
P19-P29	Respiratory and cardiovascular disorders specific to the perinatal period	P84	Other problems with newborn
P35-P39	Infections specific to the perinatal period	P90-P96	Other disorders originating in the perinatal period



Chapter 16

Certain conditions originating in the perinatal period

Coding Guidelines

- Codes from other Chapters with Codes from Chapter 16
 - Codes from other chapters may be used with codes from chapter 16 if the codes from the other chapters provide more specific detail
 - Codes for signs and symptoms may be assigned when a definitive diagnosis has not been established
 - If the reason for the encounter is a perinatal condition, the code from chapter 16 should be first-listed
- Coding Additional Perinatal Diagnoses
 - Assign codes for conditions that require treatment or further investigation or require resource utilization
 - Assign codes for conditions that have been specified by the provider as having implications for future health care needs



Chapter 16

Certain conditions originating in the perinatal period

Coding Guidelines

- Newborn has a condition that may be either due to the birth process or community acquired
 - If the documentation does not indicate which it is, the default is due to the birth process and the code from Chapter 16 should be used
 - If the condition is community-acquired, a code from Chapter 16 should not be assigned
- Bacterial Sepsis of Newborn
 - Category **P36, Bacterial sepsis of newborn**, includes congenital sepsis
 - Refer to chapter-specific coding guidelines for additional guidance



Chapter 16

Certain conditions originating in the perinatal period

Coding Guidelines

- Code all clinically significant conditions noted on routine newborn examination
 - A condition is clinically significant if it requires:
 - clinical evaluation; or
 - therapeutic treatment; or
 - diagnostic procedures; or
 - extended length of hospital stay; or
 - increased nursing care and/or monitoring; or
 - has implications for future health care needs



Chapter 16

Certain conditions originating in the perinatal period Coding Guidelines

- Prematurity and Fetal Growth Retardation
 - Providers utilize different criteria in determining prematurity
 - A code for prematurity should not be assigned unless it is documented
 - Assignment of codes in categories **P05, Disorders of newborn related to slow fetal growth and fetal malnutrition**, and **P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified**, should be based on the recorded birth weight and estimated gestational age
 - Codes from category P05 should not be assigned with codes from category P07
 - Exception: A code from P05 and codes from **P07.2** and **P07.3** may be used to specify weeks of gestation as documented by the provider in the record
 - When both birth weight and gestational age are available:
 - Two codes from category P07 should be assigned
 - Sequence the code for birth weight before the code for gestational age



Chapter 16

Certain conditions originating in the perinatal period Coding Guidelines

- Low birth weight and immaturity status
 - Codes from category **P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified**
 - Can be used for a child or adult who:
 - was premature or had a low birth weight as a newborn, and
 - this is affecting the client's current health status
- Observation and Evaluation of Newborns for Suspected Conditions not Found
 - Assign a code from categories **P00-P04, Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery** to identify those instances when a healthy newborn is evaluated for a suspected condition that is determined after study not to be present
 - Do not use a code from categories P00-P04 when the patient has identified signs or symptoms of a suspected problem



Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Instructional Notes and Content

- **Code Range: Q00~Q99**

Note: Codes from this chapter are not for use on maternal or fetal records

Excludes2: inborn errors of metabolism (E70-E88)

Chapter 17 contains the following block – 1st character is Q

Q00-Q07 Congenital malformations of the nervous system	Q50-Q56 Congenital malformations of genital organs
Q10-Q18 Congenital malformations of eye, ear, face and neck	Q60-Q64 Congenital malformations of the urinary system
Q20-Q28 Congenital malformations of the circulatory system	Q65-Q79 Congenital malformations and deformations of the musculoskeletal system
Q30-Q34 Congenital malformations of the respiratory system	Q80-Q89 Other congenital malformations
Q35-Q37 Cleft lip and cleft palate	Q90-Q99 Chromosomal abnormalities, not elsewhere classified
Q38-Q45 Other congenital malformations of the digestive system	



Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Coding Guidelines

- Assign codes from Chapter 17 when a malformation/deformation or chromosomal abnormality is documented
 - Chapter 17 codes may be first-listed or a secondary diagnosis
 - Chapter 17 codes can be used throughout life of client
 - If a congenital malformation or deformity has been corrected, use a personal history code instead of Chapter 17 code
 - Example: Z87.730 Personal history of (corrected) cleft lip and palate
- When a malformation/deformation/or chromosomal abnormality does not have a unique code assignment, assign additional code(s) for any manifestations that may be present
 - Example
 - Q05.2 Lumbar spina bifida with hydrocephalus
 - Q66.0 Congenital talipes equinovarus



Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Coding Guidelines

- When the code assignment specifically identifies the malformation/deformation/or chromosomal abnormality, manifestations that are an inherent component of the anomaly should not be coded separately
 - Example: Marfan's syndrome with long extremities
- Additional codes should be assigned for manifestations that are not an inherent component
 - Example
 - Q87.410 Marfan's syndrome with aortic dilation
 - Q25.4 Congenital aortic aneurysm



Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Changes from ICD-9-CM

ICD-9-CM	ICD-10-CM
<p>2 main codes for spina bifida; 5th digit must be added to specify location</p> <p>Example: 741.01 Spina bifida with hydrocephalus, cervical region</p>	<p>Location is integral part of code</p> <p>Example: Q05.0 Cervical spina bifida with hydrocephalus</p>
<p>Arnold-Chiari syndrome is included under spina bifida with hydrocephalus</p>	<p>Has its own code series</p> <div> <p>Q07.0 Arnold-Chiari syndrome Arnold-Chiari syndrome, type II Excludes1: Arnold-Chiari syndrome, type III (Q01.-) Arnold-Chiari syndrome, type IV (Q04.8)</p> <p>Q07.00 Arnold-Chiari syndrome without spina bifida or hydrocephalus</p> <p>Q07.01 Arnold-Chiari syndrome with spina bifida</p> <p>Q07.02 Arnold-Chiari syndrome with hydrocephalus</p> <p>Q07.03 Arnold-Chiari syndrome with spina bifida and hydrocephalus</p> </div>
<p>Codes for cleft lip, cleft palate are divided into unilateral/bilateral and complete/incomplete</p>	<p>More specificity regarding location</p> <p>Examples: Q35.3 Cleft soft palate; Q36.0 Cleft lip, median; Q37.4 cleft hard and soft palate with bilateral cleft lip</p>
<p>Syndactyly codes include webbing of digits (fingers or toes), with/without fusion</p>	<p>Separate out webbing and fusion into different codes series; includes laterality</p>



Part 2

True/False Quiz

1. If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client's age.
2. When both birth weight and gestational age are available code one or the other but not both.
3. When a malformation/deformation/or chromosomal abnormality does not have a unique code assignment, do not assign additional code(s) for any manifestations that may be present.
4. Codes from Chapter 17 cannot be used after a client reaches age 18



Part 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	9-month old girl who was born prematurely at 32 weeks gestation. History of reflux, slow weight gain, head tilt to left. Referred for concern of delayed gross motor skills. Physical exam significant for occipital-parietal flattening on the right side (plagiocephaly) and mild torticollis. Review of systems and clinical observation with frequent spit-up (effortless emesis) and difficulties with spoon feedings. Evaluation notable for mild gross motor and fine motor delays.	
2	Almost 3-month old male born prematurely at 29 weeks gestation who was referred for concerns with extensor dominant preference and a decrease in his state regulation. During his hospitalization, he was hyper-reactive to environmental stimuli and he was slow to settle after being examined or handled. His mother reports that her son has seemed to settle down and is much easier to soothe now but her current concerns are about his head positioning since he prefers to keep it turned to the right and this is flattening the right side of his skull. All areas of his development were appropriate for his adjusted-age but plagiocephaly were noted. Review of child's medical records indicates a history of meningitis (E. coli bacteria) during the neonatal period that makes child eligible for the NC Infant Toddler program.	
3	2 month old male with cleft palate involving both the soft and hard palate, with bilateral cleft lip.	



Questions

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Submit Questions to:
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